

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/518432

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER			
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.		
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50			/			
TOTAL IND.		↓	4	↓	↓	
TOTAL DEP.	←	46	←	←	←	
TOTAL CLAIMS		50				

AS FILED	AFTER		AFTER			
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
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100						
TOTAL IND.		↓	0	↓	↓	
TOTAL DEP.	←	1	←	←	←	
TOTAL CLAIMS		1				